

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MUBASHER N NICKNAME LAST SUFFIX WARRAICH		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked 10/5/2020 13:30 18 Receipt # Amount \$ Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 916 POND'S EDGE LANE EULESS TX 76040 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 556-1868		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MUBEENA NICKNAME LAST SUFFIX JAMIL		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 916 POND'S EDGE LANE EULESS TX 76040		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 901-2847		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2020 09 / 24 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

MUBASHER WARRAICH

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

MUBASHER FOR EULEN

COMMITTEE ADDRESS

916 POND, EDGE LANE EULEN, TX, 76040

COMMITTEE CAMPAIGN TREASURER NAME

MUBASHER JAMIL

COMMITTEE CAMPAIGN TREASURER ADDRESS

916 POND, EDGE LANE EULEN, TX, 76040

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ *20.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:

\$ *806.38*

4. TOTAL POLITICAL EXPENDITURES

\$ *2313.93*

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

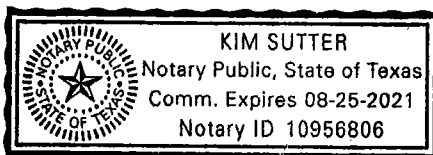
\$ *12070.00*

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Mubasher Warraich*, this the *5* day of *October*, 20 *20*, to certify which, witness my hand and seal of office.

Kim Sutter

Signature of officer administering oath

Kim Sutter

Printed name of officer administering oath

NOTARY

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>MURRAY WARRICK</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12070</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>N/A</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>N/A</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2313.93</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>N/A</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>N/A</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>N/A</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>N/A</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>MUBASHER WAKRACH</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07-12-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMIR QURESHI</i> 6 Contributor address; City; State; Zip Code <i>62 MAYSON DR LITTLE ROCK AR 72223</i>	7 Amount of contribution (\$) <i>1000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>07-12-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NADEEM AKHTER</i> Contributor address; City; State; Zip Code <i>7712 HEATHEN RIDGE CT IRVING TX 75063</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>07-12-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IMTIAZ RAHI</i> Contributor address; City; State; Zip Code <i>1717 E BELT LINE ROAD, CYPRESS TX 75018</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>08-18-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IFTIKHAR SAEED</i> Contributor address; City; State; Zip Code <i>1212 HOLMBRINT DR LITTLE ROCK TX 72208</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>MUDASIRA WARRICK</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-02-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NAEEM CHAUDHRY</i>			7 Amount of contribution (\$) <i>500.00</i>	
6 Contributor address; City; State; Zip Code <i>305 CREEDY MYRLE DR FULFORD TX 76039</i>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>09-03-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RIAZ HAIDER</i>			Amount of contribution (\$) <i>500.00</i>	
Contributor address; City; State; Zip Code <i>2500 PEARSON ROAD ARLINGTON TX 76016</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>07-18-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KHALID ISHAQ</i>			Amount of contribution (\$) <i>500.00</i>	
Contributor address; City; State; Zip Code <i>6018 TOLEDO ST PEARO TX 75094</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>09-07-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MANSOOR A WARRICK</i>			Amount of contribution (\$) <i>500.00</i>	
Contributor address; City; State; Zip Code <i>9 TEXOMA CT HICKORY CREEK TX 76065</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
09-21-2020	HAKEE KHAN 6 Contributor address; City; State; Zip Code 4820 N AVE RD ALLEN TX 75029			5000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-19-2020	WASIQ A LOIDI Contributor address; City; State; Zip Code 2401 PANORAMA CT ARLINGTON TX 76016			600.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-25-2020	JALIL KHAN Contributor address; City; State; Zip Code 6600 MYRTLE BEACH DR PLYMOUTH TX 75093			250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-26-2020	MUHAMMAD ASIM Contributor address; City; State; Zip Code 512 GEORGETOWN CT, Southlake TX 76092			250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
08-31-20	6 Contributor address; City; State; Zip Code 5504 DARK FOREST DR MCKINNEY TX 75070			100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-07-20	TIRAN ALI Contributor address; City; State; Zip Code 2504 FOWLER DR DENVER TX 76209			20.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-07-20	FULSAN ANDALI Contributor address; City; State; Zip Code 4309 SLICK ROCK CHASE, EVANS TX 76040			100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
08-28-20	AISHA - U - KIU Contributor address; City; State; Zip Code 777 LAKE CARLYN PKWY IRVING TX 75039			100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
09-24-20	STEVE RUIZ 9079 RIVER FALLS DR FORTWORTH TX 76119			50.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-22-20	JAZIB ALI 3504 PORTLAND ST, IRVING TX 75062			100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-15-20	AMIA SULEMAN 7777 FOREST LN, STE A236 DALLAS TX 75230			100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
09-14-20	NASIR ABDI 26627 GREEN PINE HILL DR KATY TX 77494			500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 6	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
07-22-2020	Mohsin YABUB 6 Contributor address; City; State; Zip Code 4715 KESTREL ST GRAND PRINCE TX 75052			200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 07-24-2020		5 Payee name WILSON NOEL			
6 Amount (\$) 130.00		7 Payee address; 6850 TPL DR #108		City; MCKINNEY	State; TX Zip Code 75070
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description DESIGN		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 07-24-2020		Payee name BJ,			
Amount (\$) 50.46		Payee address; 2609 S. STEPHENS L.		City; LEWISVILLE	State; TX Zip Code 75067
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD (MEETING)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 07-30-2020		Payee name MINTZMAN PEG DALCA			
Amount (\$) 512.15		Payee address; 11411 N. CENTRAL EXPRESS SUITE A		City; DALLAS	State; TX Zip Code 75243
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description CARD		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name USPS			
6 Amount (\$) 400.00		7 Payee address; 210 N ECHOL DRIVE		City; EULESSA	State; TX Zip Code 76039
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postal Ticket		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 07-030-2020		Payee name MINISTERS PLEN DALLAS			
Amount (\$) 7.74		Payee address; 11411 N. EXPRESS SUITE A		City; DALLAS	State; TX Zip Code 75243
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 08-07-2020		Payee name HOME DEPOT			
Amount (\$) 187.54		Payee address; 251 S INDUSTRIAL BLVD		City; EULESSA	State; TX Zip Code 76040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description Polls for R-AD, SIGN		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Fees
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Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 08-17-2020		5 Payee name HOME DEPOT			
6 Amount (\$) 90.00		7 Payee address; 251 S INDUSTRIAL BLVD		City; EULESS	State; TX Zip Code 76040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09-11-2020		Payee name SAND CLUB			
Amount (\$) 129.51		Payee address; 1701 W STATE HWY 114		City; GRAPEVINE	State; TX Zip Code 76051
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description DINNER EXP		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09-15-2020		Payee name UNION PRINTERS			
Amount (\$) 348.81		Payee address; 2600 DR M.L.K JR. ST NORTH		City; ST. PETERSBURG	State; FL Zip Code 33704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED